



**Town of East Hampton**  
300 Pantigo Place, Suite 107  
East Hampton, NY 11937  
Phone: 631-324-0496 Fax: 631-324-1476



Application #: \_\_\_\_\_  
Office Use Only

## Form 2: Septic Upgrade Incentive Application

Date Submitted: \_\_\_\_\_

### A. Contact Information:

Owner Name (titled owner of property): \_\_\_\_\_

Telephone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

### B. Site Location Information:

Site Address: \_\_\_\_\_

Suffolk County Tax Map#: District \_\_\_\_\_ Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

(Example. 300-162-10-5.002)

### C. Required Information:

Have you previously submitted your Eligibility Verification Form? ( Y / N ) \_\_\_\_\_

Have you received grant funding from Suffolk County and/or New York State? ( Y / N ) \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Type of Low-Nitrogen Treatment System Installed: \_\_\_\_\_

Installation Completion Date: \_\_\_\_\_

Reason for Upgrade (circle): Voluntary Failed System Substantial Expansion Rebuild

Building Permit # or Limited Septic Registry #: \_\_\_\_\_

### **Proof of Payment Supplied to Department - *Required Documentation Includes;***

1. Invoices (Statements and proposals are not sufficient)
2. Proof of payment in the form of credit card statements, copies of checks, or notarized cash receipt to match the amounts shown in each invoice

NOTICE: The Town of East Hampton can not pay for sales tax, it is the responsibility of the homeowner to provide the vendors with the appropriate tax exemption forms or payment for tax

All Invoices/Estimates attached ( Y / N ) \_\_\_\_\_

Proof of Payments (copy of check or credit card receipt) ( Y / N ) \_\_\_\_\_

### D. Septic Incentive Payment Verification:

Total Proof of Payment: \_\_\_\_\_

Incentive Maximum Allowance: \_\_\_\_\_

Total Amount Direct Pay to Installer: \_\_\_\_\_

Rebate Amount due to Homeowner: \_\_\_\_\_

NOTICE: Under IRS guidelines, your septic incentive will be considered personal income and the Town will be issuing you a Form 1099. Please consult your accountant or financial advisor to discuss tax implications.



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**Owner Certification of Application (All legal owners on the Title must sign)**

I/We, \_\_\_\_\_ (print full name), the undersigned, certify that I/We am/are the legal, titled owner(s) of the land identified in this application and that this application form including any attached documentation constitutes a true statement of facts to the best of my/our knowledge. Signing this form authorizes the Town to perform initial inspection of the system.

Owners Signature: \_\_\_\_\_

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public

Date: \_\_\_\_\_

**Application Form Completed**